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MODEL State Emergency Health Service PLAN

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U. S. DEPARTMENT OF
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Public Health Service

Health Mobilization Series A-5

MODEL State Emergency Health Service PLAN

U.S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
Public Health Service
Division of Health Mobilization

1966

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PURPOSE AND USE OF MODEL PLAN

This model State plan is designed to assist State health officers in preparing for effective emergency health service operation during periods of national or major natural disaster.

If each State health department develops and maintains an emergency operating plan and readiness, it will be prepared to initiate emergency policies, standards, and procedures rapidly, and to assist local governments in meeting and overcoming unprecedented disaster medical care and public health problems.

This plan illustrates some of the types of emergency operating documents and procedures which should be developed to meet disaster needs of each State. Though some preparedness actions are described, the plan is primarily concerned with post-attack operations of the State health department. The Table of Contents indicates the scope and coverage of the plan. The sample documents and orders suggest how a State health agency might accomplish its emergency functions.

Food and drug safety activities are included, even though in some States they are the responsibility of other State agencies. Emergency public water supply activities are included by reference only; water supply is not within the scope of this model plan.

Though a written plan may reflect readiness, it does not in itself assure emergency operating capability. It is tested at the community level during a disaster. It is here that direct health services will be provided and the effectiveness of preparations will be proved. The State health department should set the preparedness example for local governments.

PHS Health Mobilization Program representatives assigned to State health departments and DHEW regional offices are available for consultation, advice, and assistance in translating this model plan into an effective emergency operations plan tailored to the unique needs and existing capabilities of each State.

STATE EMERGENCY HEALTH SERVICE PLAN

INTRODUCTION

This State Emergency Health Service Plan prescribes the policies, procedures, organization, functions, staffing, and other factors governing emergency operations of the State Health Department.

The Plan is intended for application during a national civil defense emergency. Portions of the Plan, however, may be utilized during a major natural disaster.

The Health Mobilization Program Director is responsible for maintaining the Plan and for preparing and distributing revised rosters, listings, and other materials as required and appropriate.

EXAMPLE

This Plan and subsequent revisions and additions are issued to, and shall be maintained by, all health officers within the State, all personnel assigned to the State Emergency Health Service, and other officials and organizations concerned.

This Plan supersedes the Health annex to the State Operational Survival Plan (1957).

/s/ STATE HEALTH OFFICER

I. PREPAREDNESS ACTIONS

See Supplement Number

The primary objective of preparedness actions is to increase and maintain agency readiness to activate and operate the State Emergency Health Service (EHS). Actions which shall be accomplished during peacetime and during an Increase-Readiness Condition. * are specified below.

A. NORMAL SITUATION

The State Health Department shall routinely maintain:

1. Current information on, and review and implementation of, Federal and State policies, laws and regulations pertaining to Emergency Health Services
2. Alternate site for EHS operations (Emergency Operating Center - EOC) — 5
3. Basic data on the location and inventories of health and water resources — 13
4. Estimates of anticipated postattack emergency requirements and available health and water resources — 8
5. Specific preparedness and emergency mission assignments for existing organizational units
6. Current roster of EHS assignees — 2
7. EHS alerting system — 4
8. Periodic training and orientation in disaster practices and emergency duties of EHS assignees
9. Mutual aid pacts with health departments of adjoining States — 12
10. Formal agreements and working relationships with assisting agencies and professional societies — 12
11. Radio communication capability, linking EHS EOC and State EOC — 5
12. Essential operating record and reference materials pre-positioned at EHS EOC — 6,7
13. Periodic EHS tests, exercises, evaluation, and revision of EHS Plan
14. Guidance and consultation to assist local health officers and governments in developing and maintaining emergency health services capability

EXAMPLE

B. INCREASE-READINESS CONDITION

Arrangements have been made with the State Civil Defense Director to assure that the State Health Officer will be notified of an Increase-Readiness Condition, which will require a substantial increase in readiness to activate and operate the EHS and maximum

*See Federal Civil Defense Guide, Part G, Chapter 5, for description of Increase-Readiness Condition.

	See Supplement Number
readiness to take action upon attack warning. The State Health Officer shall immediately:	
1. Initiate the EHS alerting system	4
2. Restrict EHS assignees' annual leave and travel	
3. Transfer accumulated essential operating records to the EHS EOC	6
4. Require EHS assignees to review EHS Plan	2
5. Inspect EHS EOC and pre-positioned supplies and equipment	5
6. Correct PDH deficiencies	13-A
7. Conduct EHS test exercise	
8. Relocate EHS assignees to (1) State EOC, or (2) EHS EOC, as directed	2,3

EXAMPLE

II. ORGANIZATION AND ADMINISTRATION

See Supplement Number

A. GENERAL

The peacetime structure of the State Health Department is not appropriate to anticipated emergency program needs and responsibilities. Extraordinary actions must be taken to cope with unprecedented postattack health problems. Health resources management responsibilities will be greatly increased. Regular programs not concerned with disaster needs will be modified or suspended. The State Health Department will be reorganized and expanded, becoming the State Emergency Health Service (EHS). Its primary mission will be to assist communities to meet the postattack civilian health needs. 8 1

B. ACTIVATION

The EHS shall be activated by the State Health Officer upon:

1. Attack on the United States,
2. Presidential or Congressional declaration of a national civil defense emergency, or
3. Direction by the Governor.

EXAMPLE

C. RELOCATION

1. State Emergency Operating Center (EOC)

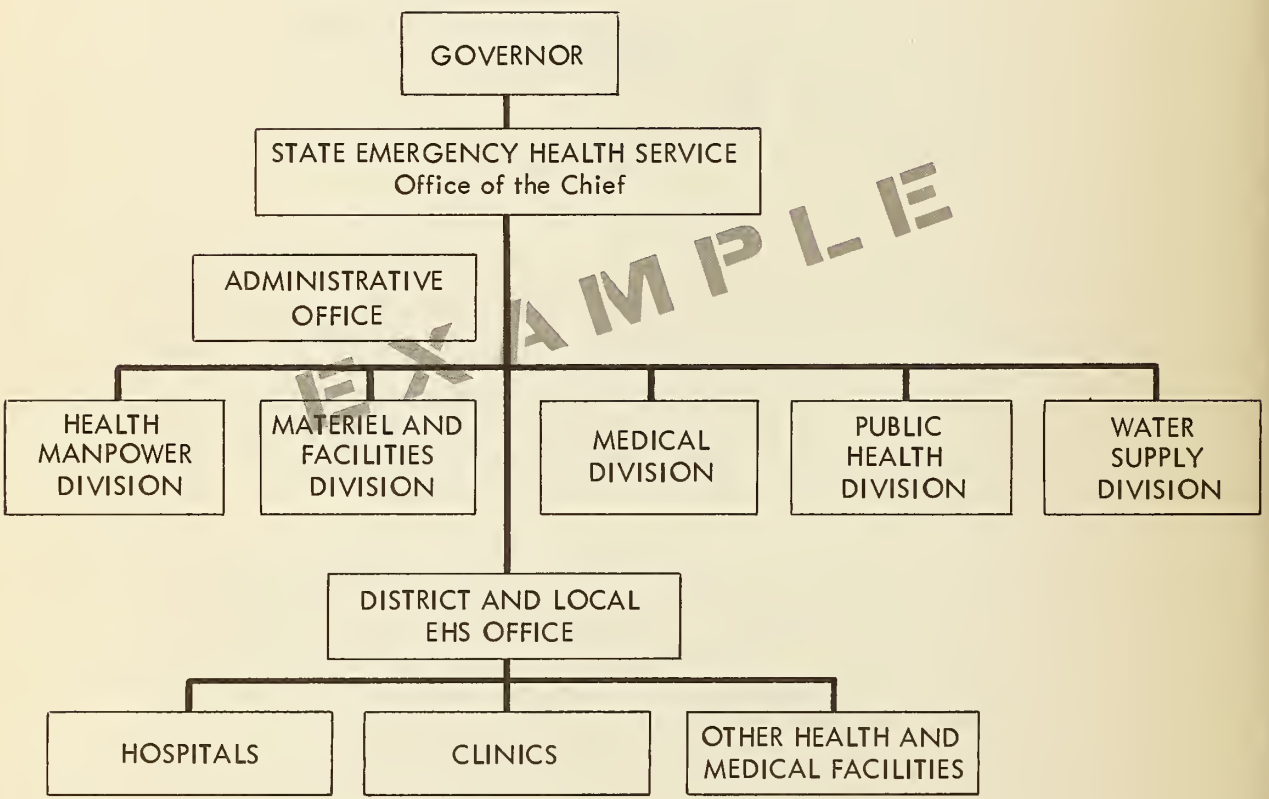
   Assuming that the State Office Building is in a high-risk location, the State has established a protected alternate site for emergency operations at the _____ _____. According to the State Operational Survival Plan, the State Health Officer and_____employees of the State Health Department shall relocate to the State EOC upon an Increase-Readiness Condition. They shall advise the Governor and act as liaison with other State officials during the fallout pindown period. 2

2. EHS Emergency Operating Center

   The State Health Department has established an alternate site for EHS operations at the_____(a low-risk location____ miles from the capital). It supplements limited EHS capability at the State EOC and provides facilities for full-scale EHS operations. _____EHS assignees shall relocate to this site during an Increase-Readiness Condition (the total number is based on shelter capacity). If the State Health Department building is destroyed, damaged, or otherwise unusable, additional surviving health department employees, nongovernment EHS assignees, and reservists shall report to the EOC for duty when fallout radiation level permits. 5 2

D. EHS ORGANIZATION

In the immediate postshelter period the EHS shall be organized as shown in the diagram below.



EXAMPLE

III. FUNCTIONS

See Supplement Number

A. OFFICE OF THE CHIEF

The State Health Officer (Chief, EHS) directs and coordinates all EHS activities, advises the Governor on the health situation and needs, and represents the Governor in all dealings with the DHEW Regional Health Director (Chief, Federal Regional EHS). Specific duties: 1

1. Immediately postattack (as soon as intelligence data and communications permit)

   a. Performs damage assessment and resource evaluation 11

   b. Determines most effective utilization (including redistribution) of State-controlled health resources 23

   c. Issues public announcements pertaining to major health hazards, protection, and treatment

   d. Issues to local governments policy and guidance directives pertaining to major health hazards, defensive actions, and health resource controls 9

   e. Provides requested consultation and assistance to local health and medical authorities

2. Postshelter

   a. Re-establishes and maintains communications and working relationships with State agencies, local health authorities, EHS field offices, and Federal Regional EHS

   b. Re-establishes liaison with health agencies of adjoining states

   c. Implements and assures conformance to Federal EHS and State directives and policies

   d. Reports health situation, major problems, and needs to the Federal Regional EHS 14

   e. Recommends needed State legislation affecting public health 15

   f. Directs EHS reorganization based on changing program needs

   g. Re-establishes inoperative local health and medical agencies 10

B. ADMINISTRATIVE OFFICE

This office provides centralized administrative, personnel, fiscal, communications, and other office services. Specific duties:

1. Arranges billeting and subsistence for relocated personnel 2

2. Places job orders with local State Employment Service office 2

3. Secures transportation for employees involved in field travel 10

EXAMPLE

	See Supplement Number
C. HEALTH MANPOWER DIVISION	
This division directs all EHS activities pertaining to health manpower mobilization and management and necessary to carry out health and medical programs. Specifically, this division:	16
1. Assesses requirements and determines location and numbers of surviving health manpower	13
2. Issues news releases requiring all health manpower to report to one of the following:	
(a) emergency assignment	17
(b) nearest health facility	
(c) local emergency manpower organization for health service assignment	
3. Issues standards and ratios for assignment of health manpower to achieve the most effective balance between resources and requirements	
4. Requisitions and transfers health manpower according to need	18
5. Requests assistance from State emergency manpower organization in locating and referring health and supporting manpower	
6. Reports additional health manpower requirements to DHEW Regional EHS	15
D. MATERIEL AND FACILITIES DIVISION	
This division provides health materiel management policies and guidance consistent with State and Federal objectives; directs all EHS activities pertaining to requirements, procurement, distribution and use of health supplies and facilities; and claims and allocates essential supporting services, supplies and controlled materials.	
The following functions are arranged in approximate order of priority.	
1. Requirements and Distribution Branch	
a. Assesses damage to and losses of health facilities (e.g., hospitals, clinics, blood banks, laboratories)	11 13
b. Assesses damage to and losses of health end-item inventories at producers, wholesalers, retailers, hospitals, etc.	11 13
c. In cooperation with State Production Agency, assesses health supplies and equipment production and distribution capabilities	11 13
d. Issues priorities and instructions for the controlled distribution of health supplies (including narcotics) and equipment to individual consumers	19 23
e. Issues instructions for controlled distribution of health supplies and equipment required by health facilities	20,21 24,25

EXAMPLE

	See Supplement Number
f. Issues procurement procedures--according to Department of Commerce (BDSA) and other resource agency emergency instructions--for maintenance, repair, and operating supplies and equipment.	26 25
g. Prepares time-phased estimates of requirements for essential health survival items, health materiel resources, and supporting goods and services	
h. Determines surpluses and deficiencies by geographic area	22
i. Regulates distribution of State-controlled health resources	
j. Issues instructions freeing allocations of primary health end-items in accordance with Federal policy and procedures	
k. Prepares reports on end-item inventories and health facilities	
l. Requests recovery and salvage of medical supplies, equipment, and facilities	
2. Claimancy Branch	
a. Determines quantities and types of health end-items available for public consumption through the wholesale and retail system	
b. Claims resources and assists communities to obtain health and supporting resources	
c. Issues application instructions for controlled materials	27
d. Issues instructions supplementing agency directives on supporting resources	
e. Prepares and coordinates instructions to production and resource agencies for allocation of health resources	
3. Supply and Transportation Office	
a. Submits estimates of transportation requirements to State Transportation Control Agency	
b. Arranges for the intercommunity movement of patients, supplies, Packaged Disaster Hospitals, retail health stocks, and supporting materials	
4. Producer and Wholesaler Liaison Office	
a. Establishes working relationships with wholesalers and retailers and with State agencies controlling essential survival resources and services	
b. Assists in expediting deliveries of materials to health supply producers	
c. Assists in expediting drug wholesaler orders for health-end items	
d. Coordinates specifications and provides guidance for item substitution	

EXAMPLE

See Supplement Number

E. MEDICAL DIVISION

This division directs all EHS activities pertaining to civilian medical care and treatment. Specific duties:

1. Issues diagnostic and treatment guides for unusual illnesses and injuries (e.g., burns, radiation illness, exotic communicable diseases)

2. Issues guidance on expedient, improvised, and substitute treatment techniques and therapeutic agents

3. Provides guidance and standards relevent to external radiation exposures significant in medical care and treatment

4. Provides professional consultation and advice on mental health, maternal and child health, nutrition, radiology, etc.

5. Provides guidance and standards for hospital expansion, casualty management, emergency ambulance services and outpatient care

6. Issues directives establishing or revising hospital admission and discharge policies

7. Directs and coordinates interarea (intrastate) transfers of patients

8. Prepares and maintains vital statistics, casualty and health situation reports

9. Establishes and expands physical rehabilitation centers and services

10. Provides guidance and assistance in the establishment or expansion of blood banks and bleeding stations, and the procurement and use of whole blood, plasma, and volume expander

EXAMPLE

F. PUBLIC HEALTH DIVISION

This division directs EHS activities pertaining to public health services. Specific duties:

1. Assembles and dispatches teams to investigate and assist in overcoming severe local health problems and to establish or re-establish local public health agencies 10

2. Maintains epidemic intelligence, health hazard reporting and analysis

3. Prepares and revises public health situation statistics and summary reports

4. Re-establishes and expands laboratory service facilities

5. Investigates and determines nature and causes of outbreaks of unusual or exotic diseases

6. Expands epidemic prevention, control, and immunization activities

	See Supplement Number
7. Issues guidance and provides consultation and assistance on reconstruction of sewerage facilities and prevention of overloading waste disposal facilities	
8. Re-establishes and expands milk and food sanitation and food and drug safety programs	
9. Evaluates and controls internal radiation exposure hazards associated with contaminated water, milk, and foods	
10. Provides professional consultation and advice on such matters as disposal of the dead, decontamination, drug salvage, expedient and improvised facilities and techniques, and the usual environmental and public health services	

EXAMPLE

DELEGATION OF AUTHORITY

TO : State Health Officer

FROM : Governor

SUBJECT: DELEGATION OF AUTHORITY

Authority for Delegation. [Cite Emergency Powers of the Governor]

Authorized to:

1. Direct and coordinate all civilian emergency health activities in the State

2. Suspend all health programs and activities which do not directly and immediately contribute to the saving of lives, prevention of illness, and prevention and control of serious health hazards

3. Reorganize the State Health Department as necessary

4. Assume direct operational control over emergency health functions anywhere within the state in the event of disaster beyond local control

5. Perform the following functions in the mobilization and management of the State's health manpower, facilities, supplies and equipment:

   a. Activate control procedures imposed by [Cite Order Directing Compliance with Consumer Rationing of Health Supplies]

   b. Requisition health facilities, claim and allocate supplies and equipment, and assign health manpower

   c. Enter into contracts and incur obligations necessary to protect the public health and provide emergency health services

Redelegation. This authority is conferred with authority to redelegate.

/s/ GOVERNOR

EXAMPLE

EHS STAFFING TABLE

Organizational Unit	Position Title	Assignee #
A. OFFICE OF THE CHIEF	1. *Chief (State Health Officer) - Order of Succession - a. Deputy Chief b. Chief, Public Health Division c. Chief, Medical Division 2. + Deputy Chief 3. + Public Information Officer 4. + Secretary 5. + Clerk-Typist	
B. ADMINISTRATIVE OFFICE	1. + Administrative Officer 2. + Administrative Assistant 3. + Secretary 4. + Messenger 5. Fiscal Officer 6. Fiscal Accounting Clerk 7. Personnel Officer 8. Personnel Clerk 9. + Communications Officer	
C. MANPOWER DIVISION	1. + Chief 2. + Deputy Chief 3. + Manpower Statistician 4. Health Educator 5. Statistical Clerk 6. Secretary 7. Clerk-Typist	

EXAMPLE

* Relocates to State EOC (_____ shelter spaces)
\+ Relocates to EHS EOC (_____ shelter spaces)
\# Address given for Executive Reservists not normally employed by State Health Department

Organizational Unit	Position Title	Assignee #
D. MATERIEL AND FACILITIES DIVISION		
	1. + Chief	
	2. + Deputy Chief	
	3. + Chief, Requirements and Allocation Branch	
	4. + Chief, Claimancy Branch	
	5. + Supply and Transportation Officer	
	6. + Producer and Wholesaler Liaison Officer	
	7. + Statistician	
	8. Statistical Clerk	
	9. Architect	
	10. Engineer, Structural	
E. MEDICAL DIVISION		
	1. *Chief	
	2. + Deputy Chief	
	3. + Surgery Consultant	
	4. + Nursing Consultant	
	5. + Hospital Administration Consultant	
	6. + Radiology Consultant	
	7. Psychiatry Consultant	
	8. Rehabilitation Consultant	
	9. Nutrition Consultant	
	10. Pediatric Consultant	
	11. Obstetric-Gynocology Consultant	
	12. Anesthesiology Consultant	
	13. Otolaryngology Consultant	
	14. Opthalmology Consultant	
	15. Dental Consultant	
	16. + Medical Record Librarian	
	17. + Statistician	

EXAMPLE

* Relocates to State EOC (_____ shelter spaces)
+ Relocates to EHS EOC (_____ shelter spaces)
# Address given for Executive Reservists not normally employed by State Health Department

Organizational Unit	Position Title	Assignee #
F. PUBLIC HEALTH DIVISION		
	1. *Chief 2. + Deputy Chief 3. + Epidemiologist 4. + Public Health Administration Consultant 5. + Public Health Nursing Consultant 6. Mortuary Services Consultant 7. + Sanitary Engineer 8. Sanitarian 9. + Food and Drug Inspector 10. Food Bacteriologist 11. Medical Bacteriologist 12. Public Health Bacteriologist 13. + Statistician 14. + Radiological Health Consultant	

EXAMPLE

* Relocates to State EOC (_____ shelter spaces)
\+ Relocates to EHS EOC (_____ shelter spaces)
\# Address given for Executive Reservists not normally employed by State Health Department

EMERGENCY HEALTH SERVICE ASSIGNMENT

TO : _____

FROM : State Health Officer

SUBJECT: EMERGENCY HEALTH SERVICE ASSIGNMENT

You are hereby directed and authorized to report for emergency duty at:

☐ EHS Emergency Operating Center _____

☐ State Emergency Operating Center _____

☐ Immediately upon receipt of "Relocate" notification

☐ Immediately postshelter, as soon as radiation levels permit

You are assigned to the position of _____, _____, State Emergency Health Service.

The attached State Emergency Health Service Plan provides information about preparedness and emergency actions. Become especially familiar with the functions of the unit to which you are assigned and with the pertinent reference documents. Review the Inventory of Essential Operating Records and send to the Administrative Officer any additional record or reference items which you would require during an emergency.

EXAMPLE

The attached identification card may help to expedite travel; carry it in your wallet.

Know the alerting system and carry the attached alerting diagram in your wallet. Notify the Mobilization Officer if there is any change in your telephone numbers.

I suggest that you prepare and practice a family survival plan. The attached kit of pamphlets will be of assistance to you.

If you wish further information, contact the Mobilization Officer.

/s/ STATE HEALTH OFFICER

Attachments:
State EHS Plan
Civil Defense Identification Card
Family Survival Guides Kit

EHS ALERTING SYSTEM

ALERTING PROCEDURE

1. Upon receipt of an "Increase-Readiness" notice, the State Health Officer immediately initiates the alerting call-down system, relaying the message verbatim to the personnel listed immediately to the right of his name on the alerting diagram.

2. In turn, each employee receiving the message relays it to persons named.

3. The first number is the office extension; the second is the home telephone.

4. If an employee can not be contacted, the caller must make the additional calls. THE CHAIN MUST NOT BE BROKEN.

PREPAREDNESS ACTIONS

Upon receipt of an "Increase-Readiness" message, each designated relocatee shall immediately:

1. Stand by for subsequent alert calls

2. Curtail travel and leave

3. Leave telephone number where he can be reached when he must be away from office or home

4. Test and rehearse his family survival plan

5. Prepare for relocation

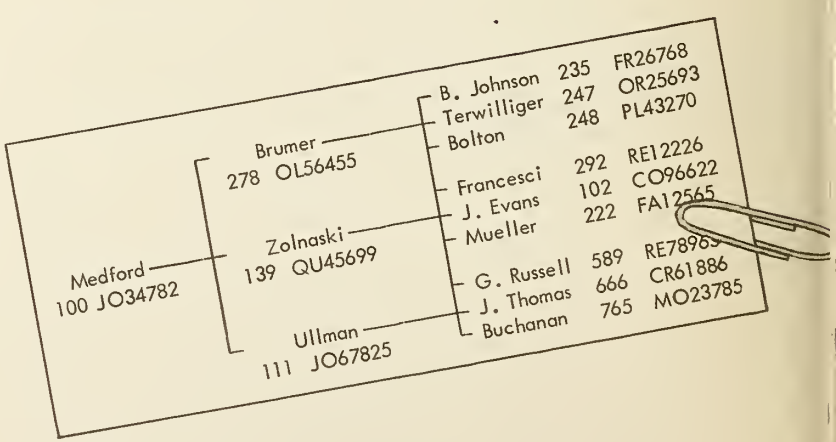
EXAMPLE

MAINTENANCE OF ALERTING DIAGRAM

1. Carry the attached card in your wallet

2. If there is any change in your phone numbers, immediately inform the Health Mobilization Director and the person who would call you

3. Discard old diagram upon receipt of revised diagram



EHS EMERGENCY OPERATING CENTER (EOC)

GENERAL

The EHS EOC is established at _____, (a low-risk location____miles from the capital) to assure an emergency operating capability. The EOC shall be activated by the State Health Officer if the State health department office building is destroyed, damaged, or made unusable by an attack or local disaster. It supplements the limited EHS representation at the State EOC and provides facilities for full-scale EHS operations.

PROTECTION

The reinforced concrete EOC structure is estimated to be resistant to a blast overpressure of at least 3 psi. The basement fallout shelter area has a rated capacity of _____persons. It provides a protection factor of at least 100. Several interior rooms on the first floor provide a protection factor of at least 40.

EXAMPLE

FACILITIES

Food, water, and medical and sanitation supplies and equipment, sufficient to maintain an austere level of subsistence for____persons for 14 days shelter occupancy, are stored in the shelter area and the protected rooms on the first floor. An emergency generator and fuel are sufficient to meet minimum electric power requirements in case of local service failure. A two-way short-wave radio assures communication with the State EOC and, through it, with local governments.

MAP

The following map shows the EHS EOC location and alternate travel routes.

FLOOR PLAN

The following floor plan shows space assignments for work, quarters, and shelter supplies.

EHS ESSENTIAL OPERATING RECORDS

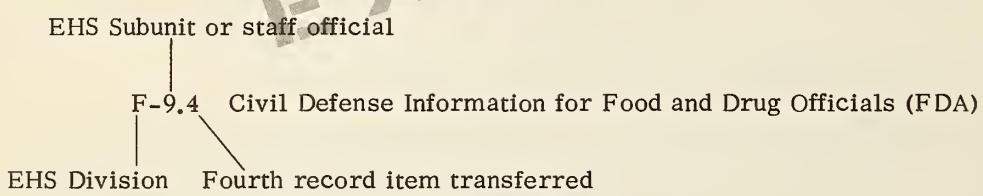
RESPONSIBILITY

Essential record and reference materials for emergency operations are pre-positioned and maintained by the State Health Department Administrative Officer at the State and EHS Emergency Operating Centers. Each division chief is responsible for reviewing the records inventory periodically and selecting new or revised materials for transfer to the EOC's.

CLASSIFICATION

A specific organizational filing system has been established. Each record item is coded (upper right corner) with a subject classification and serial number derived from the EHS Staffing Table (Supplement 2). Example:

EXAMPLE


EHS Subunit or staff official
F-9.4
Civil Defense Information for Food and Drug Officials (FDA)
EHS Division
Fourth record item transferred

INVENTORY

Supplement 7 lists the current inventory of EHS pre-positioned essential operating records.

INVENTORY OF EHS ESSENTIAL ORERATING RECORDS

Pre-positioned at the State EOC and EHS EOC

A-1.1 National Plan for Emergency Preparedness (OEP)
A-1.2 Regional Emergency Health Service Plan (DHEW)
A-1.3 State EHS Plan (1965) (100 copies)
A-1.4 State Survival Plan (1964)
A-1.5 Directory of City and County HealthDepartments
A-1.6 Federal Civil Defense Guide (OCD)
A-1.7 Effects of Nuclear Weapons (AEC/Army)
A-1.8 State Plan for Emergency Management of Resources

B-1.1 Inventory of State Health Department Property
B-7.1 Roster of State Health Department Employees

C-2.1 Directory of State and Local Employment Security Offices
C-2.3 Directory of Health Professional Schools
C-2.4 Directory of Health Professional Societies

D-1.1 Modern Drug Encyclopedia
D-1.2 The Merck Index
D-1.3 Remington's Practice of Pharmacy
D-1.4 Directory of Federal Health Facilities
D-1.5 Chemical Week: Buyers Guide Issue
D-1.6 Hospitals - Guide Issue (AHA)
D-1.7 Effects of Nuclear Weapons (AEC/Army)
D-1.8 Maps and templates for damage assessment
D-1.9 Directory of Federal Food and Drug District Offices
D-1.10 Defense Mobilization Order 8500.1A. (OEP)
D-2.1 List of essential health survival items
D-2.2 List of health facilities under construction or planned
D-2.3 The Defense Materials System and Priorities (DOC/BDSA)
D-3.1 Transportation Reference Guides
D-3.2 List of principal shipping points for health supplies
D-3.3 Distribution plan for servicing operating health facilities

E-1.1 Summary Report on National Emergency Medical Care (AMA)
E-1.2 Mass Casualties - Principles Involved in Management (Assoc. Military Surgeons)
E-1.3 Emergency War Surgery (NATO)
E-1.4 Medical Aspects of Radiation Accidents - A Handbook (AEC)
E-1.5 Treatment of Radiation Injury (NAC-NRC)
E-1.6 Hospitals - Guide Issue (AHA)
E-1.7 Directory of Blood Transfusion Facilities and Services (JBC)
E-1.8 Role of the Pharmacist in National Disaster (PHS)
E-1.9 Role of the Veterinarian in National Disaster (PHS)
E-1.10 Role of the Dentist in National Disaster (PHS)

F-1.1 Control of Communicable Diseases in Man (APHA)
F-1.2 Exposure to Radiation in an Emergency (Natl. Comm. on Radiation Production and Measurements)
F-1.3 Procedures for Determination of Stable Elements and Radionuclides in Environmental Samples (PHS)
F-9.4 Civil Defense Information for Food and Drug Officials (FDA)

EXAMPLE

ANTICIPATED POSTATTACK HEALTH SITUATION

PLANNING BASIS

The State Plan is sufficiently flexible to apply to contingencies ranging from a single local disaster to widespread devastation caused by thermonuclear attacks. While the State EHS must be prepared to cope with any contingency, a single base is helpful for resources management planning. The following narrative illustrates a possible Statewide situation which could exist under the casualty and damage levels selected.

MEDICAL WORKLOAD

If casualty level of _____ % is applied, _____ of the State's population of _____ could become casualties. Of this number approximately _____ % (_____) would be expected to die before or after only minimal treatment, leaving an equal number who would require definitive treatment. Two-thirds (_____) of this latter group would require hospitalization some time during the first 30 postattack days, and one-third (_____) would require self, neighbor, or outpatient care.

RESOURCES

_____ percent (_____) of the peacetime total of _____ permanent hospital beds would survive an attack resulting in a casualty level of the magnitude described above. In addition, _____ % (_____) of the _____ Packaged Disaster Hospital beds pre-positioned in the State would be available for early use.

Approximately, _____ % of preattack stocks of health supplies located at wholesale drug warehouses, chain drug store warehouses, surgical supply houses, general and special short-term hospitals and drug stores would remain after such an attack. Of illustrative health supplies, _____ billion units of the preattack total of _____ billion units of penicillin, _____ of the _____ gauze pads, and _____ of the _____ doses of narcotics would remain.

As an index of professional health manpower availability, _____ % (_____) of the _____ physicians (M.D. and D.O.) might survive.

REQUIREMENTS

Estimated gross requirements for the first 30 postattack days could be for as many as _____ physicians and _____ hospital beds. However, as estimated above, only _____ physicians and _____ (permanent and PDH) beds are expected to be available. Because physician availability is the major limiting factor in the effective utilization of health material and facilities, and because it is not likely that additional physicians will be available from out-of-State sources for an extended period of time, it is necessary to derive a set of more realistic requirements. If it is assumed that each physician in good health (_____) can take care of an average of 15 hospital beds per day in a postattack situation, then _____ (_____ X 15) hospital beds can be effectively used. This means that a total of _____ additional beds could be utilized during the early postattack period.

Estimated 30-day postattack requirements for illustrative health supplies would be as follows: penicillin, _____ billion units; gauze pads, _____; and narcotics, _____ doses. Comparison of these required quantities with surviving State-controlled stocks (excluding PHDs, State and locally owned stockpiles, producer inventories, and Federal depots and stockpiles) indicates that the State will have available a _____ day supply of penicillin (a deficiency of _____ billion units); less than a _____ day supply of gauze pads (a deficiency of _____ pads); and about a _____ week supply of narcotics (a deficiency of _____ doses).

EXAMPLE

POLICIES GOVERNING EMERGENCY HEALTH SERVICE OPERATIONS

TO : All Heads of Local Government, Civil Defense Directors, and Local Health Officers

FROM : State Health Officer

SUBJECT: POLICIES GOVERNING EMERGENCY HEALTH SERVICE AND RESOURCE MANAGEMENT OPERATIONS

In the management, coordination, and provision of emergency health services and resources, you are hereby ordered to comply with the following policy directives.

A. ADMINISTRATION

1. Officially designate and authorize a single official, preferably a public health physician, as responsible for over-all direction and coordination of emergency health services and resources.

2. Immediately suspend the private practice of medicine and all health programs and activities which do not directly and immediately contribute to the saving of lives, prevention of illness, and prevention and control of serious health hazards.

3. Promptly report uncontrollable or unidentifiable communicable disease outbreaks to the State Health Officer.

4. Request health services and resources support and assistance from commanders of local military posts, if any, and request assistance from the State Health Officer only if and when all local sources of supply are nearing depletion and after all reasonable substitutions and improvisations have been employed.

EXAMPLE

B. SERVICES

1. In coordinating patient and casualty distribution among hospitals and clinics, include Federal nonmilitary and State medical care installations, if any, and prohibit non-medical criteria for patient admission, (e.g., race, sex, religion, residence, ability to pay).

2. Cancel elective treatment and surgery and limit hospital admissions, during the casualty overload period, to those whose survival depends upon hospital care.

3. Discharge all inpatients whose survival does not depend upon hospital services.

4. Immediately increase hospital bed capacities and establish all Packaged Disaster Hospitals in anticipation of increased admissions.

C. MANPOWER

1. Call all civilian health manpower, including retired, unemployed, unaffiliated, and refugee health manpower, to emergency health service duty at essential health facilities.

2. Promptly release military ready reservists and Public Health Service Commissioned Corps reserve officers ordered to active duty.

D. RESOURCES

1. Utilize, salvage, conserve, and control health resources on the assumption that outside assistance may not be available for as many as 30 postattack days.

2. Preserve and protect Public Health Service Medical Stockpile Depots, and Veterans Administration Medical Supply Depots, if any, until Federally-directed distribution is completed.

3. Quarantine, inspect, and decontaminate and salvage, or condemn and destroy, all health and medical supplies exposed to, or suspected of, contamination.

4. Quarantine and inspect all food exposed to, or suspected of, contamination, and assure that contaminated food is destroyed, or decontaminated and salvaged under guidance of responsible food authorities.

5. Invoke antihoarding regulations limiting essential health facilities to 14-day operating inventories.

6. Distribute retail and wholesale stocks of health and medical supplies and equipment only to essential health facilities and to individual patients having refillable prescriptions for lifesaving drugs required for chronic serious medical conditions.

BY ORDER OF THE GOVERNOR /s/ STATE HEALTH OFFICER

EXAMPLE

EHS MOBILE FIELD TEAMS

PURPOSE

EHS Mobile Field Teams are required to re-establish inoperative community health offices, and make on-the-spot investigations of serious health hazards and problems.

FUNCTIONS

_____ teams are available to travel to specific areas to perform one or more of the following functions:

1. Re-establish inoperative community health organizations at the request of local authority
2. Investigate unusual or exotic disease outbreaks
3. Determine extent and character of local health situation and requirements as a basis for justifying requests for State or Federal assistance
4. Survey disaster areas at the request of State CD director to advise on re-entry timing, radiation exposure, health hazards, and health resource requirements
5. Provide direct personal consultation and advice to local health officials dealing with severe health management problems
6. Provide direct health services (e.g., epidemic control, mass immunization, vector and rodent control)

EXAMPLE

COMPOSITION

Team membership shall be drawn from available personnel at the EHS EOC. Depending upon the nature of the particular mission, each team may be supplemented by professional and technical specialists selected to deal with specific problems. Each basic team shall be composed of: 1 public health physician (Team Leader), 1 sanitary engineer, 1 public health nurse, 1 radiological health specialist, 1 epidemiologist, and 1 clerk (or staff assistant).

SUPPLIES AND EQUIPMENT

The following special items are pre-positioned at the EHS EOC for placement in mobile laboratory, other vehicles, or helicopters.

Quantity	Item
_____	Tape recorder and spare batteries
_____	Typewriter
_____	Radiological monitoring instruments
_____	Large-scale topographic maps
_____	Camera and (radiation proof) films
_____	Flashlights and spare batteries
_____	Binoculars
_____	Subsistence supplies and medical kit

Additional supplies and equipment requirements will depend upon the particular mission of each team.

DAMAGE ASSESSMENT AND RESOURCE EVALUATION

A. DAMAGE ASSESSMENT

1. Attack Analysis *(determining extent and character of attack)

   (a) Receive strike data (time of attack, kind of weapon)

   (b) Plot strikes

   (c) Plot fallout (based on weather and strike analysis)

   (d) Plot fire damage information

   (e) Receive reports of damage to transportation, communication, utilities, medical stockpiles, water impoundments, health facilities, etc.

2. Casualty Estimation *(determining effect on population)

   (a) Estimate number killed

   (b) Estimate number injured

   (c) Determine time-phased recovery characteristics

   (d) Estimate number unaffected

3. Resource Assessment **(determining effect of material resources)

   (a) Estimate amount of each health resource destroyed

   (b) Estimate amount of surviving resources temporarily inaccessable (determine re-entry time based on fallout conditions)

   (c) Estimate amount and location of resources listed in areas unaffected by attack

   (d) Review reports of losses in transportation, power, water supply, and accessibility of surviving supporting resources of concern to EHS

4. Prepare, as required, summary reports on damage effects and status of surviving resources, fallout maps, graphs, and other devices to illustrate the changing postattack health and water supply situation. Conduct staff briefings as required.

EXAMPLE

*Functions may be performed by a centralized damage assessment team at the State EOC; arrangements must be made to forward findings to EHS.

**Further guidance available in Health Materiel and Facilities Planning Guide for Emergency Management, (PHS Publication No. 1071-A-4).

B. RESOURCE EVALUATION

As local health officers' reports are received, and the situation becomes more clearly known, the various EHS program specialists will analyze what the losses in health resources, facilities, and manpower mean to EHS programs, and will determine to what extent the surviving accessible resources will meet the needs of the surviving population.

Evaluation includes:

1. Determination of time-phased quantitative requirements for health resources

2. Determination of time-phased quantitative requirements for supporting services and resources (transportation, manpower, fuel, communications) in consultation with State agencies responsible for them

3. Analysis of availability and adequacy of surviving health and supporting resources (supply-requirements analysis and determination of geographic imbalances)

EXAMPLE

AGREEMENTS WITH OTHER ORGANIZATIONS

In order to utilize the resources and capabilities of health and related organizations most effectively, the State Health Agency has negotiated formal agreements specifying the disaster mission, working relationships, and other applicable policy and procedures with each of the following organizations. As additional agreements are made, they shall be included in this plan.

A. American National Red Cross

Public Law 4, approved January 5, 1905, (33 Stat. 599) and as amended, imposes upon the American National Red Cross a responsibility ". . . to continue to carry on a system of national and international relief in time of peace; and to apply the same in mitigating the suffering caused by pestilence, famine, fire, floods and other great national calamities; and to devise and carry on measures for preventing the same."

It is essential, therefore, that in time of natural disaster the State Emergency Health Service should coordinate its activities with those of the American Red Cross.

B. State Health Departments of adjoining States

C. State University, Medical College (usage of space for EOC)

D. State Medical Society

E. State Hospital Association

F. State Dental Society

G. State Osteopathic Society

H. State Optometric Society

I. State Nursing Society

J. State Pharmaceutical Association

K. State Funeral Directors Association

L. State Podiatric Association

M. State Veterinarian Association

N. State Labor Department

EXAMPLE

MEMORANDUM OF UNDERSTANDING BETWEEN THE STATE CHAPTER OF THE AMERICAN OPTOMETRIC ASSOCIATION AND THE STATE HEALTH DEPARTMENT PERTAINING TO THE EMERGENCY ROLE OF OPTOMETRISTS

In recognition of the knowledge and skills which optometrists can contribute, and to assure unified effort in providing emergency health services, this agreement, based on the Association's Optometric Mobilization Plan, is published for the information and guidance of all concerned.

MOBILIZATION PLANNING

An optometrist representative will participate in the development of Emergency Health Service plans, especially as they pertain to the procurement, pre-positioning, and controlled issuance of optical equipment and supplies, and preassignment of optometrists to emergency health activities.

EXAMPLE

EMERGENCY OPERATIONS

Optometrists will:

1. During the shelter period--assist other health personnel in the care and treatment of shelter occupants

2. During the immediate postshelter period--assist in the emergency medical care program

3. When released from the latter assignment, and until more normal operations can be resumed, establish and operate Visual Care Sections where persons referred for priority treatment can have their eyes examined and receive corrective glasses from an emergency optometric kit or similar supply source.

/s/ PRESIDENT, STATE CHAPTER
AMERICAN OPTOMETRIC ASSOCIATION

/s/ STATE HEALTH OFFICER

COOPERATIVE AGREEMENT BETWEEN THE STATE LABOR DEPARTMENT AND THE STATE HEALTH DEPARTMENT

(Adapted from the Illinois Agreement)

This cooperative Agreement is entered into by the State Labor Department (hereinafter referred to as the State Manpower Service) and the State Health Department (hereinafter referred to as the Emergency Health Service) in order to assure the orderly mobilization, training, distribution and use of civilian health manpower in periods of national emergency.

I. GENERAL PROVISIONS

During a period of national emergency, the recruitment and referral of civilian health manpower will be the joint responsibilities of the State Manpower Service and the Emergency Health Service.

II. ASSIGNMENT OF RESPONSIBILITIES

A. The Emergency Health Service will have primary responsibility for organization, training, and utilization of the civilian manpower as identified in the attachment to this Agreement titled "List of Health Manpower Occupations."* Health authorities at the District Office levels will develop and maintain inventories of these health skills.

B. State Manpower Service will be responsible for the recruitment, assignment, and allocation of health skills not included in the "List," plus supporting occupational classifications, such as clerical, food, engineering, custodial, and laundry service, which are also closely coordinated with the health mission. Personnel possessing skills in these categories will remain in the general manpower pool unless assigned to health service by the State Manpower Service.

EXAMPLE

III. EMERGENCY REFERRAL PROCEDURES

Emergency procedures for referring persons whose classifications are contained in the attachment** to this Agreement are as follows:

A. Requests for health manpower will be made through local, State, and Federal health channels.

B. Hospitals, laboratories, and other organizations using health manpower at the local level will notify the responsible local health official of their requirements. If he is unable to meet the requirements by reassignment of available health manpower, he will place (or authorize the operating organizations to place) orders with the local manpower office and report remaining shortages to the Emergency Health Service.

C. The Emergency Health Service will identify areas of potential health manpower supply and notify health officials of those areas to arrange reassignment of needed numbers and categories. Simultaneously, EHS will request the State Manpower Service to use its interarea

*"List of Health Manpower Occupations" is not attached to this Model Plan; it is published in "Community Emergency Health Manpower Planning," PHS Publication No. 1071-I-1.

**Not attached to this Model Plan.

recruitment machinery to obtain the needed personnel and complete the referral arrangements with the community(ies) requesting manpower. EHS will report remaining shortages to the Regional Emergency Health Chief, DHEW.

D. The State Manpower Service will use its resources to assist in locating and mobilizing health manpower and will provide supporting manpower as necessary and possible in accordance with existing priorities.

EXAMPLE

APPROVED:

/s/ DIRECTOR, STATE LABOR DEPARTMENT

/s/ DIRECTOR, STATE HEALTH DEPARTMENT

RESOURCE INVENTORIES

LIST A. PACKAGED DISASTER HOSPITAL

COUNTY	STORAGE LOCATION ADDRESS	PLANNED OPERATING SITE	CUSTODIAN	RESPONSIBLE PHYSICIAN	SERIAL NO.

LIST B. INPATIENT FACILITIES (General hospitals, specialized hospitals, nursing homes, sanitariums, etc.)

COUNTY	NAME AND ADDRESS	NORMAL BED CAPACITY	FALLOUT SHELTER CAPACITY	

LIST C. LABORATORIES (Clinical, State and local health departments, medical schools, large hospital)

COUNTY	NAME AND ADDRESS	DESCRIPTION OF TYPE(S) OF LABORATORY SERVICES PROVIDED	

LIST D. OTHER HEALTH FACILITIES (Clinics, domiciliaries, rehabilitation centers, public health centers, etc.)

COUNTY	NAME AND ADDRESS	DESCRIPTION OF TYPE OF SERVICE PROVIDED		

LIST E. BLOOD BANKING FACILITIES (Red Cross, AABB)

COUNTY	NAME AND ADDRESS	OTHER DATA	

EXAMPLE

LIST F. HEALTH END-ITEM PRODUCERS (Pharmaceutical items, biological, chemical, and botanical drug items, surgical and medical instruments and apparatus, orthopedic, prosthetic and surgical appliances and supplies)

COUNTY	NAME AND ADDRESS	PRODUCTS	AVERAGE INVENTORIES	

LIST G. HEALTH END-ITEM WHOLESALE AND RETAIL DISTRIBUTORS

COUNTY	NAME AND ADDRESS	PRODUCTS	AVERAGE INVENTORIES	

LIST H. HEALTH MANPOWER

COUNTY	PHYSICIANS (MD & DO)	VETERI-NARIANS	DENTISTS	REGISTERED NURSES ACTIVE	REGISTERED NURSES INACTIVE	MEDICAL TECHNICIANS	PHARMACISTS	SANITARY ENGINEERS	SANI-TARIANS

LIST I. HEALTH PROFESSIONAL SCHOOLS (Medical, osteopathic, nursing, dental, veterinarian, public health, medical technician, pharmacy)

COUNTY	NAME AND ADDRESS	TYPE OF SCHOOL	FULL-TIME FACULTY	AVERAGE ENROLLMENT

EXAMPLE

REPORT TO FEDERAL EMERGENCY HEALTH SERVICE

An initial health situation report, and subsequent reports of situation changes, shall be submitted by the State Health Officer to the Federal Emergency Health Service Regional Office (DHEW Regional Health Director). Reports may be submitted by any available communication method. It is mandatory that the data code be included with each reported item; the descriptive headings, however, may be omitted. Compliance with this reporting procedure will help to expedite Federal assistance.

Data Code	Description	Estimated Current Total Number
A1	Sick and injured requiring: hospital inpatient care	
A2	outpatient care	
	Inpatient conditions:	
A1.1	traumatic injuries	
A1.2	infections	
A1.3	burns	
A1.4	radiation illness	
A1.5	communicable diseases	
A1.6	others	
B	Available hospital beds (including temporary and improvised facilities)	
C	Available physicians (MD & DO)	
D	Brief narrative description, including prevalence, of major health and medical problems (e.g., epidemic, undiagnosed disease) _____ _____	

EXAMPLE

REQUESTS FOR FEDERAL EMERGENCY HEALTH SERVICE ASSISTANCE

GENERAL

The effectiveness of emergency preparations and plans will be tested at the local level. During the crucial first postattack month the numbers of lives saved and health hazards eliminated will depend largely upon individual, local, and State actions and available resources. As rapidly as postattack conditions permit, the Federal Emergency Health Service will be established and expanded at relocated regional offices. Though Federal EHS programs are most likely to be concerned with long-term national recovery, the primary mission is to provide assistance to State Health Departments. State requests for Federal EHS assistance shall be directed by the State Health Officer only to the Federal EHS Regional Office (DHEW Regional Health Director) having jurisdiction.

ASSISTANCE

Following are some of the types of assistance to be made available to the States.

1. Allocation of Federally-controlled civilian health resources (producer inventories and new production of health and medical supplies and equipment; stockpiled medical supplies and equipment)
2. Assignment of personnel to assist in re-establishment of State Health Departments
3. Establishment of regional specialized treatment and rehabilitation centers
4. Financial assistance (training and reconstruction grants)
5. Assistance in obtaining essential supporting services and resources
6. Assistance in resolving interstate conflicts and problems
7. Requisitioning and interstate movements of health resources
8. Professional and technical consultation and advice

EXAMPLE

Requests for military assistance should be directed to the State Adjutant General. Federal legislative needs should be brought to the attention of members of Congress and the Surgeon General of the PHS.

PROCEDURE

State Health Officer requests for Federal EHS assistance may be transmitted to the DHEW Regional Health Director by any available method of communication. Response to such requests will be facilitated if full information is provided on:

1. Specific assistance needed
2. Amount
3. Location of need (if other than State Health Office)
4. Magnitude of problem
5. Relative urgency
6. Justification (estimate of remaining available supply)

Information previously reported to DHEW in health situation reports need not be repeated; additional details, however, should be provided.

LICENSURE REQUIREMENTS AND LIABILITY

TO : State Health Officer

FROM : Governor

SUBJECT: WAIVING LICENSURE REQUIREMENTS AND CONFERRING IMMUNITY FROM LIABILITY FOR HEALTH PERSONNEL PERFORMING EMERGENCY HEALTH SERVICES

By virtue of the emergency powers vested in me as Governor of the State of_____, it is hereby ordered as follows:

Section 1. Scope. This order applies to Health Manpower as listed in Defense Mobilization Order 8540.1 Health Manpower Occupations, and published in the Federal Register of March 18, 1964.

Sec. 2. Waiver of Licensure Requirements. Any requirement for a State license to practice a health or allied skill shall not apply to a practitioner duly licensed by any other State, territory, possession, the District of Columbia, Federal government, or any neighboring country and performing emergency health services in this State subject to the order, or control of, or pursuant to a request of the State government, or any political subdivision thereof.

Sec. 3. Immunity. No person within the scope of this order performing emergency health services in this State shall be liable for the death of or injury to persons or damage to property as the result of such activity, except in cases of willful misconduct, gross negligence, or bad faith. The provisions of this Section shall not affect the right of any person to receive benefits to which he would otherwise be entitled under the Workmen's Compensation Law, or under any pension law, nor the right of any such person to receive any benefits of compensation under any Act of Congress.

/s/ GOVERNOR

EXAMPLE

REPORTING FOR EHS DUTY

TO : All Civilian Health Manpower

FROM : State Health Officer

SUBJECT: REPORTING FOR EMERGENCY HEALTH SERVICE DUTY

All civilians classified as health manpower* - regardless of present occupation - are hereby directed and authorized to report, to one of the following as soon as radiation levels permit:

1. Their emergency assignments
2. The nearest hospital, laboratory, or city, county, or state health officer
3. The nearest State Employment Service office for a health service assignment.

In localities where there are no extraordinary health or medical problems, health personnel will stand by either to receive sick and injured from hard-hit areas or to go, when directed to do so, to localities where health skills are critically needed.

EXAMPLE

This Order is issued because it is necessary to centralize health services activities and to coordinate, control, and conserve health resources to deal effectively with effects of the attack.

*If you are not sure whether or not you are classified as being in a health manpower occupation, contact the local health officer or employment service, both of whom have the official List of Health Manpower Occupations.

BY ORDER OF THE GOVERNOR /s/ STATE HEALTH OFFICER

Distribution: To all public information media (newspapers, radio stations) for immediate release, local health officers, and State Employment Service offices.

REQUISITION OF HEALTH MANPOWER

TO : Mayor of Metro City
Attention: Health Officer

FROM : State Health Officer

SUBJECT: REQUISITION FOR HEALTH MANPOWER

You are hereby directed to select and dispatch the following health manpower:

No. and Type:	Five (5) Bacteriologists (preferred: 3 medical, 2 food)
Send to:	Health Officer, Farnsworth
Via:	Helicopter, departs Metro City Heliport, Sept. 2, 19-- 8:00 a.m.
Duration of Duty:	About two months
No. and Type:	Five (5) Physicians (M.D. or D.O.) (Preferred specialties: 2 orthopedists, 2 surgeons, 1 psychiatrist) Ten (10) Registered Nurses One (1) Medical Record Librarian
Send to:	Health Officer, St. Vincent
Via:	MATS flight, departs Metro City Airport, Gate 5, Sept. 2, 19-- 9:15 a.m.
Duration of Duty:	About two weeks

EXAMPLE

This order is issued because an adjustment in the distribution of health manpower is imperative to deal with the effects of attack upon this State and upon the nation. To be effective and as equitable as possible, redistribution is based on established utilization standards and ratios, and will be accomplished by imposing quotas on each political subdivision able to contribute health manpower.

BY ORDER OF THE GOVERNOR /s/ STATE HEALTH OFFICER

Distribution: 30 copies to addressee; 2 copies to Health Officer, Farnsworth; 2 copies to Health Officer, St. Vincent; 11 copies to Transportation Office; 6 copies to Health Manpower Branch.

RETAIL SALE AND DISTRIBUTION OF DRUGS

TO : Pharmacists, Local Health and Civil Defense Officers, Retail Establishments, and General Public

FROM : State Health Officer

SUBJECT: REGULATIONS GOVERNING RETAIL SALE AND DISTRIBUTION OF DRUGS AND MEDICAL ITEMS

PURPOSE

This Order regulates the sale and distribution of drugs and medical supplies by retail establishments. It is effective immediately upon issuance of a General Freeze Order by the Governor.

REPORTING FROZEN STOCKS

Stocks of health survival items in food stores, department stores, and other retail establishments which do not employ a licensed pharmacist, or other acceptable health professional, shall be immediately frozen and reported to the local health officer.

EXAMPLE

DRUGS

Retail establishments employing a licensed pharmacist, or other health professional, may sell life-saving drugs (e.g., insulin, hydrocortisone, digitalis, isoproterenol) to patients normally under the care of a physician if:

(1) denial of such drug may jeopardize the patient's life,

(2) request is for a prescription drug and the person has a refillable prescription, or

(3) quantity sold is limited to one-week supply, except where the smallest unit is more than one-week supply (e.g., injectables), in which case the smallest unit may be dispensed.

BY ORDER OF THE GOVERNOR /s/ STATE HEALTH OFFICER

REPORT OF ESSENTIAL HEALTH SURVIVAL ITEMS IN RETAIL ESTABLISHMENTS AND NOT UNDER SUPERVISION OF A PHARMACIST

TO : Chief, Local Emergency Health Service

FROM: Department Store

In accordance with the Governor's general rationing order and Emergency Health Service Order No._____, requiring a registered pharmacist or other health professional to distribute essential health survival items, the items listed below have been frozen and will be made available from this location for redistribution on receipt of your instructions.

EXAMPLE

Description of Item	Unit of Measure	Total Quantity
Aspirin	Btle 25's	100
Aspirin	Btle 100's	50

/s/ MANAGER

LOCAL ASSIGNMENT OF DESTINATIONS FOR FROZEN STOCKS OF ESSENTIAL HEALTH SURVIVAL ITEMS

TO : Food Store or Department Store, etc.

FROM: Chief, Local Emergency Health Service

CONTROL NUMBER 102

The health survival items reported below as frozen and available are allocated to the following destinations in the quantities indicated:

Ship to: Charity Hospital, 42 State Street, Centerville.

Description of item	Unit of measure	Quantity
Aspirin	Bottle 25's	50

EXAMPLE

Priority has been assigned to this shipment. Transportation for movement will be furnished by the Red Ball Express Co., May 18 at 9:00 a.m. Have the supplies ready for movement at that time.

Standard commercial bill of lading will be used for shipment. Submit accomplished bill of lading to the Emergency Transportation Office for reimbursement. A copy of this order must be retained and presented with the consignee's signed statement of receipt to claim reimbursement.

/s/ COUNTY HEALTH OFFICER

cc: Red Ball Express Co.
Charity Hospital

ESTIMATE OF EMERGENCY HEALTH SERVICE RESOURCE REQUIREMENTS

TO : Federal Regional Emergency Health Service

FROM : State Emergency Health Service

SUBJECT: ESTIMATE OF EMERGENCY HEALTH SERVICE RESOURCE REQUIREMENTS

Following are this State's estimated net requirements for health supplies and equipment and other essential survival items necessary for the provision or support of civilian emergency health services during the 90-day period beginning _____. The listing is arranged in accordance with OEP Defense Mobilization Order 8500.1A.

Item	Unit of Measure	Estimated Net Requirement		
		30 days	60 days	90 days
(1)	(2)	(3)	(4)	(3) + (4)

EXAMPLE

I. HEALTH SUPPLIES AND EQUIPMENT*

1. Pharmaceuticals
2. Blood Collecting and Dispensing Supplies
3. Biologicals
4. Surgical Textiles
5. Surgical Instruments and Supplies
6. Laboratory Equipment and Supplies

II. FOOD

III. BODY PROTECTION AND HOUSEHOLD OPERATIONS

IV. ELECTRIC POWER AND FUELS

V. SANITATION AND WATER SUPPLY

VI. EMERGENCY HOUSING AND CONSTRUCTION MATERIALS AND EQUIPMENT

VII. GENERAL USE ITEMS

*Estimate military requirements, if any, separately.

LOCAL REQUEST FOR STATE EHS ASSISTANCE IN OBTAINING HEALTH END-ITEMS FOR PUBLIC CONSUMPTION

TO : State Emergency Health Service

FROM : Chief, Local Emergency Health Service

SUBJECT: HEALTH END-ITEM REQUIREMENTS FOR PUBLIC CONSUMPTION

Inventories of health end-items in this county have been depleted to the point at which they are inadequate to meet present and anticipated public consumption requirements for the maintenance of personal health and home sanitation.

There are six operational pharmacies with a licensed pharmacist on duty at each. They are normally supplied by two wholesale warehouses, one of which has been damaged beyond repair.

We request the following essential survival items be made available to this county. Quantities represent a 14-day operating supply.

EXAMPLE

Item	Unit of Issue	Quantity
Insulin	Box	
Bandage, Conpress 6X6	Pkg	
Antibiotics		

Ship to Central Wholesale Warehouse, 22 Peachtree Street, Centerville.

/s/ COUNTY HEALTH OFFICER

cc: Central Wholesale Warehouse

PROCUREMENT OF HEALTH END-ITEM SUPPLIES

TO : Health Facility Operators, Health End-Item Wholesalers and Retailers, Local Health and Civil Defense Officers

FROM : State Health Officer

SUBJECT: REGULATIONS GOVERNING ESSENTIAL HEALTH FACILITY PROCUREMENT OF HEALTH END-ITEM SUPPLIES

PURPOSE

This regulation authorizes and prescribes procedures for the procurement of health end-item supplies by essential health facilities.

AUTHORIZATION

Any person who operates an essential health facility may certify purchase orders for health survival items required to maintain essential emergency health services for 14 days.

EXAMPLE

CERTIFICATION

Purchase orders shall be certified as follows:

> "Certified for use in essential health survival activity under State Emergency Health Service Order No._____."
>
> /s/ Purchaser

SUPPLIERS

Purchase orders shall be placed with regular retail or wholesale supply sources. Delivery orders for supplies allocated from new production, or from producer inventories, shall bear the allocation number and the above certification statement.

RECORDS

Each person involved in any transaction covered by this regulation shall make and preserve records in sufficient detail to permit later determinations of compliance and reimbursement.

BY ORDER OF THE GOVERNOR /s/ STATE HEALTH OFFICER

LOCAL REQUEST FOR STATE EHS ASSISTANCE IN OBTAINING EMERGENCY OPERATING SUPPLIES

TO : State Emergency Health Service

FROM : Chief, Local Emergency Health Service

SUBJECT: REQUEST FOR EMERGENCY OPERATING SUPPLIES

Inventories of health end-items are inadequate to meet present and anticipated hospital needs. —— burn and —— orthopedic inpatients are now in critical condition. The following items are urgently requred to maintain a 14-day operating capability.

Item	Unit of Issue	Now On Hand	Quantity Required
Blankets			
Penicillin			
Dressings			
Insulin			
Morphine			
Sterilizer			

EXAMPLE

Supporting supplies (specify)
Dietary equipment
Refrigeration equipment
Fire Prevention equipment
Motorized equipment
Housekeeping equipment
Office equipment
Laboratory equipment
Sterilizing equipment
Laundry equipment
X-ray and photographic equipment
Food and water

Ship to Sussex County Memorial Hospital, 312 West Street, Centerville.

/s/ COUNTY HEALTH OFFICER

cc: Sussex County
Memorial Hospital

PROCUREMENT OF SUPPORTING MATERIALS AND SERVICES

TO : Health Facility Operators, Local Health and Civil Defense Officers, Supporting Supplies and Equipment Wholesalers and Retailers

FROM : State Health Officer

SUBJECT: REGULATIONS GOVERNING ESSENTIAL HEALTH FACILITY PROCUREMENT OF SUPPORTING MATERIALS AND SERVICES

PURPOSE

This regulation authorizes and prescribes procedures for the procurement of maintenance, repair, and operating supplies; installation materials, capital equipment, controlled materials, and supporting services required to maintain continuity of essential health service operations.

EXAMPLE

AUTHORIZATION

Essential health facilities may certify purchase orders for materials and services covered by this regulation as follows:

> "Certified for use in essential health services facility under State Emergency Health Service Order No._____."
>
> /s/ Purchaser

DELIVERIES

Any delivery order for materials and services shall bear the above certification statement.

RECORDS

Each person involved in any transaction covered by the regulation shall make and preserve records in sufficient detail to permit later determination of compliance and reimbursement.

BY ORDER OF THE GOVERNOR /s/ STATE HEALTH OFFICER

APPLICATION FOR HEALTH FACILITY CONSTRUCTION, REPAIR, AND MODIFICATION

TO : State Emergency Health Service

FROM : Chief, Local Emergency Health Service

SUBJECT: APPLICATION FOR HEALTH FACILITY CONSTRUCTION, REPAIR, AND MODIFICATION

The attached applications for health facility construction, repair, and modification have been reviewed and approved as required to maintain health and medical care operations in this jurisdiction for the next 90 days.

EXAMPLE

JUSTIFICATION

The present population of this jurisdiction is about _____, compared to a preattack population of _____. The total number of postattack deaths is about _____. We are currently serving a casualty population of about _____ sick and injured persons (of which _____ require inpatient care and _____ outpatient care). Of the preattack total of _____ beds, only _____ hospital beds are now available. Other health facilities included among the attached applications are _____ Public Health Clinics required to provide minimum preventive health services. Hospital construction requirements are based on 75 square feet per inpatient bed (food and laundry facilities excluded).

Locally available and controlled resources required for accomplishment of these projects have been exhausted. State assistance is required.

/s/ COUNTY HEALTH OFFICER

Attachments:

10 projects

HEALTH SERVICE ESSENTIAL FACILITY CONSTRUCTION REPORT

TO : State Emergency Construction Agency

FROM: State Emergency Health Service

Attached is a list of the construction, repair and modification of health facility projects required to maintain an approved level of health and medical care operations during the 90-day period commencing today.

Locally available materials have been committed for essential services projects. There are no materials available in this area for these projects.

/s/ STATE HEALTH OFFICER

HEALTH FACILITY CONSTRUCTION REQUIREMENTS REPORT

EXAMPLE

Project Number	Name of Facility	Location	Type	No. of Beds	Schedule of Construction	
					Started	Completion
1	(Repair) Brown Memorial Hospital	1121 Vortex Street, Illiad	General	100	4/10/65	7/18/65
2	(Conversion) Mercer County Health Center	25 Main St. Mercer	Outpatient Clinic	2	5/4/65	7/5/65

Attachments (for each project):

1. Statement of need (medical workload)
2. Summary bill of materials
3. Time-phased material requirement (proposed accelerated construction, repair, or modification)
4. Special problems and assistance required to accomplish item 3 above
5. Construction contract (if project has been started)

CHECK LIST OF CHANGES AND ADDITIONS TO STATE EMERGENCY HEALTH SERVICE PLAN

This Plan is issued in loose-leaf form to facilitate maintenance and insertion of subsequent changes and additions. Supplementary materials will be issued by numbered transmittal notice. Each notice will describe the new material being transmitted, old material superseded, and other actions required for maintenance of the Plan. Upon receipt of a transmittal notice, check its number against the number of the last previous notice to assure that no notices are missing, make the specified changes and insertions, and post the number and date of the transmittal notice on the following check list. When kept current, this check list enables to the Plan holder to determine quickly if any transmittals are missing.

Transmittal		Entered By	Transmittal		Entered By	Transmittal		Entered By
Number	Date		Number	Date		Number	Date	

EXAMPLE

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Publications in the Health Mobilization Series are keyed by the following subject categories:

A—Emergency Health Service Planning

B—Environmental Health

C—Medical Care and Treatment

D—Training

E—Health Resources Evaluation

F—Packaged Disaster Hospitals

G—Health Facilities

H—Supplies and Equipment

I—Health Manpower

J—Public Water Supply

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